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Fill	in this information to identify your c	ase:				i						
	otor 1 Gary G. Stat											
	otor 2				_							
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA									
	se number 18-18391					■ Ar	k if this is: n amende suppleme	d filing	a postpetition	chapter		
_	(".'								ollowing date:	,		
Official Form 106I							MM / DD/ YYYY					
	chedule I: Your Inc									12/15		
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing wi	th you, do not includ	le infor	mati	on about	your spo	use. If mo	ore space is	needed,		
1.	Fill in your employment information.	Debtor 1	Debtor 1				Debtor 2 or non-filing spouse					
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed				☐ Employed ☐ Not employed					
		Occupation	heavy equipment operator									
	Include part-time, seasonal, or self-employed work.	Employer's name	Commonwealth of Pennsylvania Department of Transportation Bureau of Motor Vehicles PO Box 68674 Harrisburg, PA 17106-8674									
	Occupation may include student or homemaker, if it applies.	Employer's address										
		How long employed to	here? 19 YEAF	RS			_					
Par	t 2: Give Details About Mor	nthly Income										
Esti spou	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any	line, write	\$0 in the	space. Inc	clude your noi	n-filing		
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	for all	empl	oyers for t	that perso	n on the li	nes below. If	you need		
					For Deb	otor 1	For Debtor 2 or non-filing spouse					
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	7,	323.33	\$	N/A			
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A			
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	7.32	3.33	\$	N/A			

Official Form 106I Schedule I: Your Income page 1

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Debt	tor 1	Gary G. Staten, Sr.	_	Case	number (if known)	18-18391			
				Foi	Debtor 1	For Debto			
	Cop	y line 4 here	4.	\$	7,323.33	\$	N/A		
	•			. –		·		_	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,119.00	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$	201.50	\$	N/A	_	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	_	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	_	
	5e.	Insurance	5e.	\$_	645.67	\$	N/A	_	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	_	
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	_	
	5h.	Other deductions. Specify:	5h.+	• \$_	0.00	+ \$	N/A	_	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,966.17	\$	N/A	-	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	4,357.16	\$	N/A	-	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$_	0.00	\$	N/A	_	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$-	0.00	\$	N/A	_	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	-	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A		
	8h.	Other monthly income. Specify: PRO RATA TAX REFUND	8h.+	• \$_	291.00	+ \$	N/A	_	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	291.00	\$	N/A	A	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		4,648.16 + \$	N/A	\ = \$	4,648.16	
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	то. ф		4,046.16	N/A	= \$ _	4,046.16	
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$4,648.16								
							Combin	ned y income	
13.		you expect an increase or decrease within the year after you file this form No.	?				monthl	y income	
		Yes. Explain:							